BEST AVAILABLE COP									10/08/12/				
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number												nber	
Effective October 1, 2001												+	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL:	ENTITY	OR	OTHER		
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE	
FOR 02/28/02			NUMBER FILED		NUMBER EXTRA			BASIC FI	€ 370.00	OR			
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2_ minus 3 =		. 0			X42=		OR	X84=		
MIL	ILTIPLE DEPE	NDENT CLAIM P	RESENT			+140=			1	OR	+280=		
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL		OR	TOTAL	740	
/ CLAIMS AS AMENDED DART II													
0 / 08 0 5 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL EEE	
2	Total	. 19	Minus	<b>.</b> 2	0	-		X\$ 9=		OF	X\$18=		
SE SE	Independent	· 7	Minus	***	2	-		X42=			X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM				1	OR	7.07.		
	ż					L	1	+140=.		OR	+280=		
	12/15	105						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colur		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	· 10	Minus		0	<b>@</b>		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus		3	= -0		X42=		OR	X84=		
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
•	01. 1						I	+140=		OR	+280=		
(	D4/11/						1	ADDIT. FEE		OR ,	ODIT. FEE	0	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· 20	Minus	Ze	)	<b>-</b> -O		X\$ 9=		OR	X\$18=		
AME	Independent	* 2	Minus	869	3	• 0	ı	X42=			X84=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM			·	<del>                                     </del>	OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
••• [	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less than	120, enter "20."	, _	TOTAL ODIT, FEE		OR ,	TOTAL ODIT. FEE	0	
1	The "Highest Nur	nour Previously Pai	of For (Total or	independe	ent) is the	i 3, enter 3.º highest number			propriate box				

FORM PTO-875 (Rev 8/01)

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